HealthForceOntario

The Power of One

Making one change can have a profound effect at every level in health care – to the individual, to the community, and to the health-care system

2015-16

Annual Report

HealthForceOntario Marketing and Recruitment Agency

Ontario

HealthForceOntario Marketing and Recruitment Agency

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Letter from the Chair and Executive Director

Have you ever wanted to improve a situation and discovered that making even one change resulted in a positive outcome? That is the "power of one." In this year's Annual Report, we share how HealthForceOntario Marketing and Recruitment Agency (HFO MRA) harnesses the "power of one" to bring about positive change in health human resources (HHR) at the individual, community, and system levels.

Individual level: The one-to-one relationship that a client has with an agency advisor can make a difference in the client's career path.

Community level: When the agency helps recruit even one physician to a high-need community, that physician can provide increased access to care for patients. Based on stakeholder feedback, recruitment also supports retention of existing physicians by distributing patient care workload across more providers.

System level: When a community and LHIN engage the agency in developing a co-ordinated HHR plan and start to experience more stable and self-sufficient local physician staffing, timely access to services and cost savings are realized at a system-level.

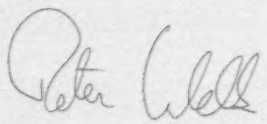
The agency has also used the "power of one" approach in its continuous pursuit of improving internal agency operations. The Annual Report highlights how introducing one change in the areas of IT, process improvement, and HR have positively affected our operations.

Additionally, we've made one significant change to the Annual Report. In addition to reporting on whether we met our performance targets, we also explain what the targets mean in terms of impact on health human resources in Ontario.

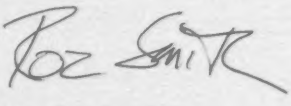
While reflecting on the success of the past year, we are also looking with excitement to the future. Next year marks our 10th anniversary. This past year, the agency underwent a mandate review to examine whether its mandate continues to be relevant to the priorities of the government. The government is considering the recommendations and we look forward to working with the ministry in support of government priorities.

Finally, the agency's ability to harness the "power of one" is due in large part to the board's astute direction, and the staff's commitment to work as one to deliver HHR solutions that benefit our clients and stakeholders.

We're committed to making a difference to health human resources in Ontario – one change at a time.



Peter Wells, MD, CCFP, FCFP, FRRMS
Chair



Roz Smith, MHSc, CAE
Executive Director

Client Experience: One Couple from Syria

Vanig Garabedian and Angelic Jaghlassian
Doctors from Syria

"We were both **doctors in Syria** [obstetrician/gynecologist and hematologist] and want to **pursue** health careers in **Canada**. After registering online as clients, we had our first meeting with our advisor in February 2016 and completed the IMG Orientation to Licensing session online. Our **advisor knows** about licensing requirements and has credible answers that we can depend on. She also knows how exams and skills **work together** to help attain a job. This will help us along our path and shorten the time it takes to **reach** our goals."

WOODGREEN

Opportunity made here.

Maisie Lo
Director of Immigrant Services
WoodGreen Community Services, Toronto

"We **always** refer health-care clients whose profession is regulated in Canada to HealthForceOntario Marketing and Recruitment Agency (HFO MRA). The **Access Centre** within HFO MRA is a **credible source** of information and resources for internationally trained health professionals. We referred **Dr. Vanig Garabedian** and other clients because we are sure that they will **benefit** from all the services provided by HFO MRA."

Agency Snapshot

HealthForceOntario Marketing and Recruitment Agency (HFO MRA/the agency) is the operating arm of the government's health human resources strategy and assists with the recruitment, retention, transition, and distribution of health professionals in Ontario.

In 2015-16, the agency continued the implementation of its three-to-five year strategic plan. Aligned with the government's refresh of its HHR strategic direction, the agency's strategic plan includes three directions:

1. **Delivering strategic health human resources solutions**

   Supporting recruitment, retention, and distribution of Ontario's health human resources.

2. **Building strategic partnerships**

   Stronger together through purposeful and outcome-based partnerships.

3. **Embracing ongoing process improvement**

   Doing what we do better, together.

Vision

Bringing health human resources to life.

Mission

We inspire, develop, and drive health human resources solutions.

Values

HFO MRA has adopted values as a guide in the delivery of all agency programs and services:

- **Client Centredness**
- **High-Quality Outcomes**
- **Best Possible Return on Public Investment**

The Power of One

Making one change can have a profound effect at every level in health care – to the individual, to the community, and to the health-care system. The agency harnesses the power of one at all levels to create positive change and contribute to health human resources (HHR) solutions in Ontario.

How One Advisor Can Make a Difference to an Individual

Agency advisors work one-on-one with individual clients, providing them with information, advice, and support to help them pursue a fulfilling health-care career in Ontario. Whether it's an HFO MRA internationally educated health professional (IEHP) advisor sitting down with an international medical graduate client to develop an individual action plan towards licensing, or an HFO MRA Regional Advisor sharing with a resident a range of practice opportunities selected to match the resident's preferences and community needs, or an HFO MRA Physician Recruitment Advisor guiding a practice-ready physician through the College of Physicians and Surgeons of Ontario (CPSO) application process, the individual connection makes a difference. The results?

- An IEHP becomes licensed in his or her original profession or enters into an alternative career of his/her choice.
- A resident finds a practice opportunity and experiences a smooth transition into practice.
- A practice-ready physician continues a fulfilling career in a high-need community in Ontario.

HFO MRA Programs:

- IEHP Advisory Services
- HIRE IEHP (Health Integration, Research and Education for Internationally Educated Health Professionals)
- Practice Ontario
- Return of Service Program/Advisory Service

(See **HealthForceOntario.ca** for program descriptions.)

Raveena Yin
Internationally Educated Nurse

"I am extremely **excited** to share that I've completed my RN and RPN registration yesterday. Also, I've **found** a job at Sunnybrook as a palliative care RN; it is **my dream job**, passion, and profession. I am so blessed to have had my **advisor** help me reach my goal. He gave me useful **advice** in preparing documentation required by the College of Nurses of Ontario, **encouraged** me to go back to school to gain Canadian experience, and provided **emotional support**. Thanks again for everything."

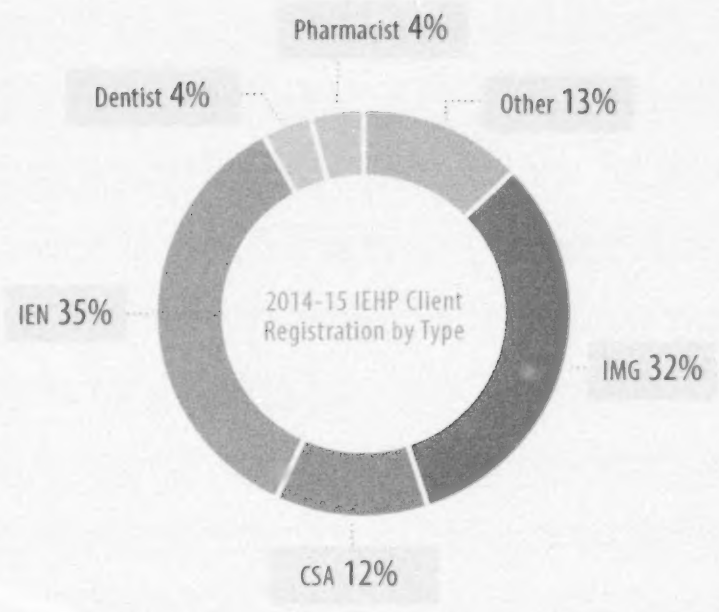
2015-16 Performance Results - Individual

Performance Targets	Results	What It Means
Deliver Practice Ontario sessions to residents in all high-need specialties in all six Ontario medical schools.	Completed	The agency reaches Ontario-trained residents to inform them of opportunities and support them in transitioning to practice in high-need communities. When a physician joins a community, more patients have access to care.
Over 75% of medical resident clients rate Practice Ontario services as satisfactory or higher.	97% (88 of 91 survey respondents)	Residents consider valuable, the transition into practice service and job-search assistance the Regional Advisors provide.
Over 75% of clients rate the agency's recruitment services as satisfactory or higher.	83% (198 of 239 survey respondents)	Practice-ready external physicians are more likely to complete the sometimes complex and lengthy process of relocating to Ontario and re-establishing a practice in a high-need community. When physicians join a community in need, patients can receive care in their community.
Over 75% of IEHP clients rate services as satisfactory or higher.	90% (473 of 528 survey respondents)	IEHPs see a path to practice or alternative career and may refer other IEHPs to the agency.
Average over 2,000 IEHP active clients.	2,893	When IEHPs enter a health profession in Ontario, they contribute to the province's HHR needs.
To better reflect the percentage of nursing and allied health IEHPs in the province relative to IMGs, the agency will redirect resources and realize a 10% increase in the number of nursing and allied health clients over 2014-15.	6% increase (from 731 to 771) in the number of non-nurse allied health IEHP clients and a decrease of 19% (from 1,284 to 1,040) in the number of nurse IEHP clients.[1 & 2]	The increase in agency assistance to internationally educated nurses and allied health clients better reflects the percentage of these professionals in the province. Ontarians benefit by enhanced access to nursing and allied health care.
Over 80 (40%) of Ontario's international medical graduate residencies are offered to clients.	130 (65%)	IMGs who earn a residency provide a period of full-time service to Ontarians living in a return-of-service community.

[1] Between 2012 and 2014, the agency experienced a significant spike in the number of nursing clients with the introduction of IENCAP preparation services. Pent up demand for these services has been met, resulting in a decrease in the number of new nursing clients in 2015-16. The agency redirected resources in 2015-16, delivering 10 new or enhanced sessions specifically for nursing and allied health clients.

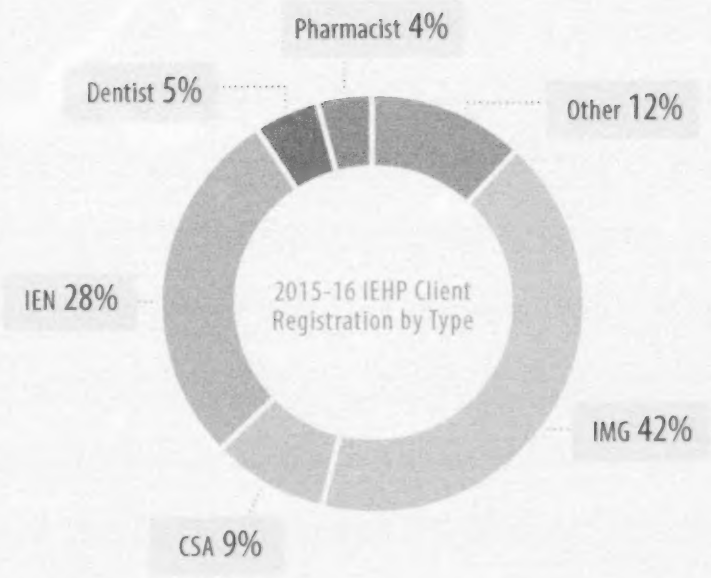
2014-15
IEHP Client Registration by Type

IEN	1,284
IMG	1,176
CSA	445
Dentist	134
Pharmacist	133
Other	464



2015-16
IEHP Client Registration by Type

IMG	1,528
IEN	1,040
CSA	343
Dentist	191
Pharmacist	136
Other	446



How One Health-Care Professional Can Make a Difference to a Community

The agency works with high-need communities to assist with the recruitment of physicians in needed specialities. Consider this: A hospital in an eligible community posts a psychiatry locum opportunity on HFOJobs. The community finds a psychiatrist who locums through the HFO MRA Northern Specialist Locum Programs (NSLP) to provide coverage for a physician vacancy. After a positive experience, the physician becomes interested in joining the community; an HFO MRA Regional Advisor facilitates the recruitment and the physician begins practising at the hospital full-time.

Meanwhile, a family practice employs a physician assistant (PA) through the PA Career Start Program, and the PA supports the local physicians in the practice, conducting physical assessments, well baby visits and more. When even one health-care professional joins a community, it positively impacts the community's ability to deliver care. The results?

- A locum physician helps maintain continuity of care and enables the community to focus on recruitment.
- A physician who is recruited to a community provides access to care for more patients locally.
- A physician assistant supports physicians, which enhances retention.

HFO MRA Programs:

- Clerkship Travel Program
- Emergency Department Locum Program
- General Practitioner Vacancy Locum Coverage Arrangements
- HFOJobs
- Northern Specialist Locum Programs
- Nursing Graduate Guarantee Initiative
- Physician Assistant Program
- Physician Recruitment Advisory Services
- Regional Advisors> Practice Ontario
- Rural Family Medicine Locum Program

(See **HealthForceOntario.ca** for program descriptions.)

Dr. Oswaldo Ramirez

Chief of Staff, Stevenson Memorial Hospital

Stevenson Memorial Hospital recruited general surgeon Dr. Lauren O'Malley in November 2015 with the assistance of the HFO MRA North Simcoe Muskoka Regional Advisor:

"The addition of Dr. O'Malley to the surgical service at Stevenson Memorial Hospital (SMH) has helped with call coverage and wait times for day procedures. Lauren has really clicked with the community and the physician group is extremely happy to have her skills available."

2015-16 Performance Results - Community

Performance Targets	Results	What It Means
Match over 75% of graduating residents registered with Practice Ontario to an Ontario community.	75.3% (545 of 724)	When graduating residents are matched to a community in Ontario, it contributes to the retention of domestically trained physicians. Also more patients have access to care.[3]
Zero unplanned closures of an emergency department due to physician unavailability.	0	Ontarians can accesses timely emergency care 24/7 in their communities. Health system cost savings resulting from patients not travelling to another community to receive care.
Over 75% of: • RFMLP physicians rate services as satisfactory or higher. • NSLP physicians rate services as satisfactory or higher.	84% (165 of 196 survey respondents)	Physicians will continue to locum through RFMLP and NSLP, providing: coverage for local physicians, continuity of care to patients, and retention support.
Over 75% of stakeholders rate agency services as satisfactory.	89% (361 of 406 survey respondents)	Stakeholders view the agency as a partner and significant contributor to HHR solutions in Ontario.
100 practice-ready physicians recruited from outside Ontario, over 75% in priority specialties working in underserved communities.	121 physicians recruited, 94% of which practise in a high-need community and/or specialty.	External physicians provide clinical care in high-need specialities when key communities are not able to recruit an Ontario-trained physician.
90% of Career Start physician assistant clients are matched to an employment opportunity.	88%[4] (38 of 43)	PAs provide support to physicians; patients benefit from an integrated care model.
To initiate the staggered expansion of HFOJobs; add five additional professions.	Six added: chiropractor, occupational therapist, physician assistant, physiotherapist, physiotherapist assistant, speech language pathologist.	Via this free recruitment tool, the agency supports a broader range of health professionals and communities' need for them.

[3] To learn more about the Regional Advisor role and Practice Ontario successes, visit **HealthForceOntario.ca**

[4] Clients who did not match to a Career Start position cited personal/geographic restrictions which limited their search parameters.

How One Agency Can Make a Difference to the Health-Care System

A community experiencing persistent HHR challenges is heavily dependent on physician locum coverage. The agency locum programs work with the community and LHIN to identify the complex factors contributing to the situation, and develop a customized recruitment and retention plan. The community implements the plan, and starts to recruit physicians with the assistance of an HFO MRA Regional Advisor.

The community reduces its locum usage and patients do not need to travel to another community to receive care, which saves cost at a system level. Patients access care locally, receiving timely access to care and drawing on the support of their family, which is in close proximity.

At the same time, the HFO MRA Regional Advisor in collaboration with the Ontario Medical Association and the Canadian Medical Association deliver succession planning services to physicians in the community to gain an understanding of future local staffing needs and offer guidance to those physicians planning to retire in the near term.

When HFO MRA works with communities and LHINs to develop sustainable HHR solutions, the outcome has a positive impact at the system level. The results?

- Increased and timely access to care for patients.
- Sustainability and self-sufficiency of physician staffing in communities.
- Balanced physician distribution.
- Reduction of system costs.

Louise Paquette
CEO, North East LHIN

"HFO MRA plays an **important** role in maintaining **patient access** to care through locum coverage. We value the work of HFO MRA and **engage** with them regularly to determine how **innovative** staffing models can align with local needs and help to **achieve** stable and sustainable **physician coverage**."

2015-16 Performance Results - Agency

Performance Targets	Results	What It Means
Implement organization redesign.	Completed	Enhanced alignment of agency programs, maximizing benefit to communities and clients.
Implement agency strategy.	Ongoing	Agency pursues a strategic focus to deliver HHR solutions, maximize partnerships, and improve processes.
Develop a risk management approach.	Completed	Agency manages strategic risks as per the framework.
Undertake three process improvement initiatives.	Completed	Agency resources better utilized to achieve greater impact, efficiency, and effectiveness.
Evaluate at least one program/service determined by analysis of feedback from client surveys, environmental scan findings, change in government priorities, and potential opportunities for efficiencies and enhanced effectiveness.	The efficiency evaluation of four agency programs was the substitute for a full program evaluation.	
Review and refine agency-wide customer service standards.	Implementation underway	Customer service standards confirm clients receive timely and accurate responses/resolution.
Develop and implement a program migration plan.	Plan developed, implementation awaits government decision.	Facilitates the smooth and timely transition of programs from the ministry to the agency, and maintains continued service to clients.
Contingent on the transfer of five Return of Service programs from the ministry in 2014-15, develop performance indicators.	Program transfer did not occur in 2014-15.	
Twelve months post-transfer of migrated programs, consult with the ministry on any change in resources required to meet program deliverables.	Program transfer did not occur in 2014-15.	
Develop and implement a board five-year succession plan.	Completed	Board stability vis-a-vis an ideal mix of skills/ experience and corporate governance memory.
Expand formal board evaluation.	Completed	Continuous improvement of board's impact on agency and contribution to government objectives.
Implement an employee engagement plan including: surveys, culture change, and customer service standards.	Completed	Engaged agency employees foster a positive and progressive work environment.

Analysis of Operations

One process improvement can positively affect agency operations and program delivery. This section highlights how making one change in different areas in 2015-16 has improved agency operations, delivering more value for money.

Information Technology

The IT department developed 411, an agency hub to share information internally. This powerful tool enables staff to: locate and contact colleagues, request IT, finance, health and safety, or facilities support, post internal announcements and notes, and customize the interface with widgets the user wants (e.g. health-care media clips, quick launch application). As a result of implementing 411, internal communication among staff has increased. Additionally, staff can request support and access information more quickly now.

New Process

The agency introduced a new process for tracking staff leaves (vacation, career support, jury/witness duty, etc.) that enhances administrative efficiency and reporting to all employees. Developed by the IT department, the iLeave 411 widget enables staff to track leaves electronically. Staff are able to complete the entire administrative process (from requests to approvals to confirmations) in one centralized location. The process saves time – less data entry is required – and is environmentally friendly, as no paper is required.

Human Resources

In May 2015, the agency launched its first annual Employee Engagement Survey, intended to help the agency enhance the work experience for employees. The anonymous survey sent to staff revealed that more than 85% of respondents:

- Are proud to work for the agency.
- Know how their work contributes to achievement of agency goals.
- Have positive relationships with co-workers and the person to whom they report.

Employees expressed an interest in two areas in particular: professional development and employee recognition. Responding to the interest, the agency has increased professional development opportunities for employees and launched an employee recognition program.

Government Directives

The agency complies with directives and policies issued by the government and other government authoritative bodies relevant to the agency. This is a requirement of the Memorandum of Understanding between the province and the agency.

The total per diem in 2015-16 for all board members was $11,650.

Board Member Biographies

Dr. Peter Wells, Chair

Appointed: June 2007 to June 2012
Appointed as Vice-Chair: June 2011
Reappointed: July 2012
Appointed as Chair: July 2012
Reappointed: July 2015
Term Expires: July 2018

Dr. Wells is the Founder and Executive Director of the Rural Ontario Medical Program, as well as a Collingwood-based family medicine physician. In 2012, the College of Family Physicians of Canada named Dr. Wells Ontario's Family Physician of the Year.

Ms. Carolyn Acker

Appointed: October 2008 to October 2011
Reappointed: November 2011
Reappointed: November 2014
Term Expires: November 2016

Ms. Acker began her career as a practising Registered Nurse. She served as Executive Director of the Regent Park Community Health Centre and is Founder of Pathways to Education Canada. In 2012, Ms. Acker received the Order of Canada for her contributions to increasing access to education for thousands of disadvantaged students across Canada.

Dr. Robert Howard

Appointed: October 2008 to October 2011
Reappointed: November 2011
Reappointed: November 2014
Term Expires: November 2016

Dr. Howard is President and Chief Executive Officer of St. Michael's Hospital in Toronto. He joined the hospital as a staff Cardiologist in 1982 and has since held various leadership positions including Chief Medical Officer and Executive Vice-President, Programs and Education.

Mr. Ray Hunt

Appointed: May 2015
Term Expires: May 2018

Ray Hunt is Chief Administrative Officer of the Northern Ontario School of Medicine, where he manages the non-academic administrative functions of the school. Prior, Mr. Hunt held leadership positions as CEO of the Espanola Regional Health Centre and in the Ministries of: Health and Long-Term Care, Municipal Affairs and Housing, Northern Development and Mines.

Dr. John G. Kelton

Appointed: October 2008 to October 2011
Reappointed: November 2011
Reappointed: November 2014
Term Expires: November 2016

Dr. Kelton is Dean of the Faculty of Health Sciences and Vice-President of McMaster University. He has an active clinical practice and conducts research, with a particular focus on bleeding disorders of pregnant women and heparin-induced thrombocytopenia. In 2014, Dr. Kelton received the Order of Canada for his research into blood cell disorders and for his contributions to making Hamilton a hub for health-science research. He has also been honoured with the 2015 Prix Galien Canada, the highest award for Canadian scientists who make significant advances in pharmaceutical research.

Mr. Arthur J.M. Lamarche

Appointed: January 2014
Term Expires: January 2017

Mr. Lamarche is an Executive Management/Financial Consultant and a Fellow of the Institute of Canadian Bankers. Currently retired from the federal government, he has held many executive positions in the House of Commons, Veterans Review and Appeal Board of Canada, and Member/Chair Federal Judicial Appointment Committee.

Mr. Arun K. Mathur

Appointed: May 2011
Reappointed: May 2014
Term Expires: May 2017

Mr. Mathur, CPA, CA, is the partner in charge of the Toronto-area office of Gerald Duthie & Co. LLP Chartered Professional Accountants. He helps business owners facing growth and financial challenges, and advises clients on acquisitions and complex business problems. He is Executive Director of UltimQuest Knowledge Inc., which provides training on improving governance and financial management.

Ms. Linda Nagel

Appointed: January 2014
Term Expires: January 2017

Ms. Nagel is President and Chief Executive Officer of Advertising Standards Canada. Previously, she held senior positions in US and Canadian trade and health-care organizations. Ms. Nagel is the current Chair of the International Council on Advertising Self-Regulation.

Dr. Marilyn Thompson

Appointed: October 2014
Term Expires: October 2017

Dr. Marilyn Thompson is Associate Provost, Human Resources, at the University of Waterloo. She has executive and senior leadership experience in health care, government, education, and various business and voluntary sectors. She has received the Queen's Jubilee Medal.

Analysis of Financial Position 2015-16

- The audited financial statements, included in this Annual Report, confirm expenditures were within budget.
- The external auditors, KPMG, issued an unqualified opinion stating the financial statements present fairly, in all material respects, the financial position of HFO MRA as at March 31, 2016, and its results of operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.
- Unspent funds are presented on the Statement of Operations and Repatriation of Contributions as an expense item, as required by Generally Accepted Accounting Principles. Unspent funds are calculated by reconciliation between the ministry and the agency. On a regular basis, the ministry receives unspent funds to ensure they are returned in an appropriate timeframe. Further information is provided in the Notes to the Financial Statements (Note 4).
- Ontario Physician Locum Program physician payments continue to be paid directly to the recipient physicians by the ministry. The physician payments made by the ministry are recorded in the Notes to the Financial Statements (Note 3).
- The agency continued to provide facility and information technology support for two health regulatory colleges on a no-cost basis. Actual costs are reflected in the agency's Statement of Operations and Repatriations of Contributions.
- The external auditors did not identify any control deficiencies that they determined to be significant deficiencies. Nor were there critical accounting estimates, or identification of any issues or concerns regarding management override of controls.

Financial Statements

Financial Statements of

HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Year ended March 31, 2016

KPMG LLP
Yonge Corporate Centre
4100 Yonge Street, Suite 200
Toronto ON M2P 2H3
Canada
Tel 416-228-7000
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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of HealthForceOntario Marketing
and Recruitment Agency

We have audited the accompanying financial statements of HealthForceOntario Marketing and Recruitment Agency, which comprise the statement of financial position as at March 31, 2016, the statements of operations and repatriation of contributions, changes in net assets and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

KPMG LLP, is a Canadian limited liability partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity. KPMG Canada provides services to KPMG LLP.

KPMG

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Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of HealthForceOntario Marketing and Recruitment Agency as at March 31, 2016, and its results of operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

KPMG LLP

Chartered Professional Accountants, Licensed Public Accountants

June 22, 2016
Toronto, Canada

HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Statement of Financial Position

March 31, 2016, with comparative information for 2015

	2016	2015
Assets		
Current assets:		
Cash	$ 2,347,107	$ 1,066,711
Prepaid expenses	153,867	180,843
	2,500,974	1,247,554
Capital assets (note 2)	47,343	70,686
	$ 2,548,317	$ 1,318,240
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities (note 4)	$ 2,835,011	$ 1,581,591
Net assets:		
Unrestricted deficiency	(334,037)	(334,037)
Invested in capital assets	47,343	70,686
	(286,694)	(263,351)
Commitments and contingencies (note 6)		
Economic dependence (note 7)		
	$ 2,548,317	$ 1,318,240

See accompanying notes to financial statements.

On behalf of the Board:

Director

Director

HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Statement of Operations and Repatriation of Contributions

Year ended March 31, 2016, with comparative information for 2015

	2016	2015
Revenue:		
Ministry of Health and Long-Term Care - Component	$ 10,822,100	$ 10,747,100
Ministry of Health and Long-Term Care Physician Assistant Grant Program	4,085,400	5,708,700
Ministry of Health and Long-Term Care - Health Integration Resources and Education	1,714,759	–
	16,622,259	16,455,800
Expenses:		
Salaries and benefits	8,774,702	7,985,291
Base:		
Corporate Support	1,687,886	1,789,655
Clerkship Travel Program	453,766	345,207
Regional Advisor Program	150,580	149,914
Access Centre	63,143	102,265
Amortization	44,008	62,233
Ontario Physician Locum Programs (note 3)	58,792	36,566
Nursing Graduate Guarantee	–	29,437
Board of Directors	9,771	11,195
Website	3,361	3,232
HFOJobs	310	32
Communications	20,761	–
Transition and distributions services	9,682	–
Physician Assistant Grant Program	2,865,207	2,972,221
One-time:		
Physician Assistant Grant Program - one time	751,746	2,412,770
Health Professionals Recruitment Tour	–	46,231
Health Integration Resources and Education	177,811	–
	15,071,526	15,946,249
Excess of revenue over expenses before repatriation of contributions	1,550,733	509,551
Ministry of Health and Long-Term Care repatriation of contributions (note 4)	(1,574,076)	(571,784)
Deficiency of revenue over expenses after repatriation of contributions	$ (23,343)	$ (62,233)

See accompanying notes to financial statements.

HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Statement of Changes in Net Assets

Year ended March 31, 2016, with comparative information for 2015

	Invested in capital assets	Unrestricted	2016 Total	2015 Total
Balance, beginning of year	$ 70,686	$ (334,037)	$ (263,351)	$ (201,118)
Excess (deficiency) of revenue over expenses before repatriation of contributions	(44,008)	1,594,741	1,550,733	509,551
Investment in capital assets	20,665	(20,665)	–	–
Ministry of Health and Long-Term Care repatriation of contributions (note 4)	–	(1,574,076)	(1,574,076)	(571,784)
Balance, end of year	$ 47,343	$ (334,037)	$ (286,694)	$ (263,351)

See accompanying notes to financial statements.

HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Statement of Cash Flows

Year ended March 31, 2016, with comparative information for 2015

	2016	2015
Cash provided by (used in):		
Operating activities:		
Deficiency of revenue over expenses after repatriation of contributions	$ (23,343)	$ (62,233)
Amortization of capital assets which does not involve cash	44,008	62,233
Change in non-cash operating working capital:		
Prepaid expenses	26,976	(28,111)
Accounts payable and accrued liabilities	1,253,420	(2,278,364)
	1,301,061	(2,306,475)
Investing activities:		
Acquisition of capital assets	(20,665)	–
Increase (decrease) in cash	1,280,396	(2,306,475)
Cash, beginning of year	1,066,711	3,373,186
Cash, end of year	$ 2,347,107	$ 1,066,711

See accompanying notes to financial statements.

HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements

Year ended March 31, 2016

HealthForceOntario Marketing and Recruitment Agency (the "Agency") is a board-governed agency of the Ministry of Health and Long-Term Care (the "Ministry"). The Agency was incorporated without share capital under the Development Corporations Act, Regulation 249/07, as at June 6, 2007. As part of the Regulation, the Agency is only allowed to receive money or assets from The Crown in Right of Ontario.

The creation of the Agency arose out of the government's health human resource strategy. The Agency is dedicated to making Ontario the "employer of choice" in health care, and to ensure Ontarians have access to the right number and mix of qualified health care providers, when and where they are needed, now and in the future. The Agency's programs and services can be grouped in two categories:

1. Retention and distribution of Ontario's health professionals;

2. Recruitment of and outreach to:

   (a) Internationally educated health professionals living in Ontario;

   (b) Ontario's recruitment community; and

   (c) Practice-ready physicians in high-need specialties outside of Ontario.

Consistent with the 2012/2013 Transfer Payment Agreement ("TPA"), Schedule A, the Memorandum of Understanding, and the Development Corporations Act, the Agency executes programs and services as follows:

- Outreach to physicians from outside Ontario;
- Internationally Educated Health Professionals Advisory Services;
- Ontario physician retention/Practice Ontario/Return of Service;
- HealthForceOntario.ca and HFOJobs.ca;
- Regional Advisors;
- Emergency Department Locum Program;

HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Year ended March 31, 2016

- Rural Family Medicine Locum Program;
- Northern Specialist Locum Programs;
- General Practitioner Vacancy Locum Coverage Arrangements;
- Corporate Affairs;
- Physician Assistant Grants;
- Clerkship Travel Program;
- Facilities Services to a maximum of two Transitional Councils for regulatory health professional colleges;
- Client support for the Nursing Graduate Guarantee Initiative ("NGG"); and
- Health Integration Resources and Education ("HIRE") project.

HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Year ended March 31, 2016

1. Significant accounting policies:

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards, including the 4200 standards for government not-for-profit organizations.

(a) Revenue recognition:

The Agency is funded through three TPAs with the Ministry. The principal TPA provides funding for the majority of the Agency's expenses, including salaries and benefits, base and one-time funding. A secondary TPA provides funding for the Physician Assistant Grant Program which the Agency administers on behalf of the Ministry. A third TPA provides funding for the HIRE project.

The Agency follows the deferral method of accounting for contributions which include government grants.

Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

The Agency does not receive externally restricted contributions as all funding must be received from the Ministry.

(b) Expenses:

The Agency divides its expenditures into two categories: Base and One-time. Base expenses include funds expended by the Agency to provide ongoing programs and services to clients and stakeholders, and corporate services to the Agency. One-time expenses relate to programs and services to clients and stakeholders which may be limited to the current fiscal year.

(c) Allocation of expenses:

The Agency records a number of its expenses by program. The cost of each program includes the personnel, premises and other expenses that are directly related to providing the program.

Administration and corporate governance are not allocated.

HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Year ended March 31, 2016

1. Significant accounting policies (continued):

(d) Capital assets:

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution. Assets acquired under capital leases are amortized over the estimated lives of the assets or over the lease term, as appropriate. Repairs and maintenance costs are charged to expense. Betterments which extend the estimated life of an asset are capitalized. When a capital asset no longer contributes to the Agency's ability to provide services, its carrying amount is written down to its residual value.

Works of art, historical treasures and intangible assets are not recognized in these financial statements.

Capital assets are amortized on a straight-line basis using the following annual rates:

Furniture and fixtures	20%
Computer hardware	33%
Computer software	33% - 100%
Leasehold improvements	Lease term

(e) Employee future benefits:

The costs of multi-employer defined contribution pension plan benefits, such as the Public Service Pension Plan ("PSPP"), are the employer's contributions due to the plan in the period.

(f) Use of estimates:

The preparation of the financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year. Significant items subject to such estimates and assumptions include the carrying amount of capital assets and obligations related to employee future benefits. Actual results could differ from those estimates.

HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Year ended March 31, 2016

2. Capital assets:

	Cost	Accumulated amortization	2016 Net book value	2015 Net book value
Furniture and fixtures	$ 103,365	$ 73,877	$ 29,488	$ 23,265
Computer hardware	353,501	353,501	–	20,638
Computer software	222,226	222,226	–	–
Leasehold improvements	261,675	243,820	17,855	26,783
	$ 940,767	$ 893,424	$ 47,343	$ 70,686

The Agency has full use and enjoyment of assets paid for by the Government of Ontario; as such, the historical cost of these assets is not recorded in the Agency's books. Assets paid for by the Government of Ontario include leasehold improvements, computer hardware and furniture and fixtures.

3. Ontario Physician Locum Programs ("OPLP"):

The OPLP provides centralized and coordinated locum physician assistance for hospitals, communities and physicians across the Province of Ontario. The Ministry makes the payments directly to the physicians for the locum services provided. The Agency administers the programs and records as expenses the general operating costs and salaries and benefits.

During the year, OPLP physician payments requests totalling $23,620,157 (2015 - $21,787,988) were sent by the Agency to the Ministry for making the payment. The OPLP physician payments issued by the Ministry directly to physicians are not presented on the statement of operations. Funds flowing through the Agency are for the purpose of OPLP administration only. No funds flow to the Agency for physician payments.

4. Ministry of Health and Long-Term Care repatriation of contributions:

The Agency returns to the Ministry surplus amounts based on a reconciliation process with the Ministry. The amounts noted as estimated are management's best estimates; actual results could differ from those estimates. As at March 31, 2016, the Agency has accrued $1,574,076 (2015 - $571,874) as a payable to the Ministry for fiscal year 2015-2016.

HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Year ended March 31, 2016

5. Employee future benefits:

The Agency makes contributions to the PSPP, which is a multi-employer plan, on behalf of certain members of its staff. The plan is a defined benefit plan which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay.

Contributions for employees with a normal retirement age of 65 were being made at a rate of 6.4% for earnings up to the yearly maximum pensionable earnings of $54,900 (2015 - $53,600) and at a rate of 9.5% for earnings greater than the yearly maximum pensionable earnings. The amount contributed to the PSPP for 2016 was $496,584 (2015 - $472,571) for current service and is included as an expense on the statement of operations. Employees' contribution via payroll deductions to the PSPP in 2016 was $497,692 (2015 - $484,065).

6. Commitments and contingencies:

(a) The Agency has operating lease commitments for its premises and equipment as follows:

2017	$ 489,100
2018	166,500
2019	5,200
2020	5,200
2021	4,800
	$ 670,800

(b) Indemnity insurance has been provided to all directors and officers of the Agency for various items including, but not limited to, all costs to settle suits or actions due to association with the Agency, subject to certain restrictions. The Agency has purchased directors' and officers' liability insurance to mitigate the cost of any potential future suits or actions. The term of indemnification is not explicitly defined, but is limited to the period over which the indemnified party served as a director or officer of the Agency. The maximum amount of any potential future payment cannot be reasonably estimated.

HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Year ended March 31, 2016

6. Commitments and contingencies (continued):

The nature of these indemnification agreements prevents the Agency from making a reasonable estimate of the maximum exposure due to the difficulties in assessing the amount of liability which stems from the unpredictability of future events and the unlimited coverage offered to counterparties.

7. Economic dependence:

The Agency is economically dependent upon the continued financial support of the Ministry.

HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Year ended March 31, 2016

8. HealthForceOntario Marketing and Recruitment Agency:

	Salaries and benefits	General operations	Actual	Budget
Revenue:				
Component			$ 10,822,100	$ 12,322,100
PA Funding			4,085,400	4,720,400
HIRE			1,714,759	2,415,943
Total			$ 16,622,259	$ 19,458,443
Expenses:				
Base components:				
Corporate support:				
Salaries and benefits	2,488,037	–	$ 2,488,037	$ 2,476,389
General operating	–	1,741,665	1,741,665	1,771,954
Total			4,229,702	4,248,343
Clerkship Travel Program:				
General operating	–	453,766	453,766	2,350,000
Total			453,766	2,350,000
Access Centre:				
Salaries and benefits	1,576,912	–	1,576,912	1,568,047
General operating	–	63,143	63,143	75,500
Total			1,640,055	1,643,547
Website and HFOJobs:				
Salaries and benefits	89,502	–	89,502	88,722
General and operating	–	3,671	3,671	4,520
Total			93,173	93,242
Regional Advisor program:				
Salaries and benefits	1,241,420	–	1,241,420	1,285,991
General operating	–	150,580	150,580	149,700
Total			1,392,000	1,435,691
Recruitment and retention:				
Salaries and benefits	1,134,475	–	1,134,475	1,053,985
General operating	–	30,443	30,443	25,960
Total			1,164,918	1,079,945
OPLP:				
Salaries and benefits	1,135,736	–	1,135,736	1,275,935
General operating	–	58,792	58,792	19,900
Total			1,194,528	1,295,835
NGG:				
Salaries and benefits	198,434	–	198,434	200,000
Total			198,434	200,000
Physicians assistant:				
Salaries and benefits	139,728	–	139,728	140,000
General operating	–	2,865,207	2,865,207	3,592,000
Total			3,004,935	3,732,000
Base component total			$ 13,371,511	$ 16,078,603

HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Year ended March 31, 2016

8. HealthForceOntario Marketing and Recruitment Agency (continued):

	Salaries and benefits	General operations	Actual	Budget
One-time components:				
Physician assistant:				
Salaries and benefits	64,827	–	$ 64,827	$ 65,000
General operating	–	751,746	751,746	923,400
Total			816,573	988,400
HIRE:				
Salaries and benefits	705,631	–	705,631	993,903
General operating	–	177,811	177,811	1,422,040
Total			883,442	2,415,943
One-time component total			$ 1,700,015	$ 3,404,343
Total expenses			**$ 15,071,526**	**$ 19,482,946**
Surplus (deficit)			**$ 1,550,733**	**$ (24,503)**

The Power of One

Find out more about HealthForceOntario Marketing and Recruitment Agency:

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Available in accessible format upon request: www.HealthFoceOntario.ca/acs

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